

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.A		11/28/01
O.I.P.E. CLASSIFIER		20	02/16
FORMALITY REVIEW	CH	1119	12-07-01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	Date
1	1	✓	1/17/02
2	2	✓	1/17/02
3	3	✓	
4	4	✓	
5	5	✓	
6	6	✓	
7	7	✓	
8	8	✓	
9	9	✓	
10	10	✓	
11	11	✓	
12	12	✓	
13	13	✓	
14	14	✓	
15	15	✓	
16	16	✓	
17	17	✓	
18	18	✓	
19	19	✓	
20	20	✓	
21	21	✓	
22	22	✓	
23	23	✓	
24	24	✓	
25	25	✓	
26	26	✓	
27	27	✓	
28	28	✓	
29	29	✓	
30	30	✓	
31	31	✓	
32	32	✓	
33	33	✓	
34	34	✓	
35	35	✓	
36	36	✓	
37	37	✓	
38	38	✓	
39	39	✓	
40	40	✓	
41	41	✓	
42	42	✓	
43	43	✓	
44	44	✓	
45	45	✓	
46	46	✓	
47	47	✓	
48	48	✓	
49	49	✓	
50	50	✓	

Claim	Date	
Final Original		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Claim	Date			
Final Original				
101				
102				
103				
104				
105				
106				
107				
108				
109				
110				
111				
112				
113				
114				
115				
116				
117				
118				
119				
120				
121				
122				
123				
124				
125				
126				
127				
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139				
140				
141				
142				
143				
144				
145				
146				
147				
148				
149				
150				

107  
108  
109  
BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here